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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted With Initial
Filing
OR
☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 60351.00003

First Named Inventor Maurice Bailey

COMPLETE IF KNOWN

Application Number /

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Advanced Travel Management System

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/07/2003

as United States Application Number or PCT International

Application Number

PCT/US2003/035556

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/035556	PCT	11/07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number 30256 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Maurice

Family Name or Surname

Bailey

Inventor's Signature

Maurice Bailey

Date

4-15-2005

Residence: City

Los Gatos

State

CA

Country

USA

Citizenship

USA

Mailing Address

1043 N. Shoreline Blvd., Suite 201

City

Mountain View

State

CA

Zip

94043

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Roman

Family Name or Surname

Smolgovsky

Inventor's Signature

Roman Smolgovsky

Date

4-18-2005

Residence: City

Foster City

State

CA

Country

USA

Citizenship

USA

Mailing Address

1043 N. Shoreline Blvd., Suite 201

City

Mountain View

State

CA

Zip

94043

Country

USA

☐ Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Maurice Bailey
Title	Advanced Travel Management System
Art Unit	
Examiner Name	
Attorney Docket Number	60351.00003

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Marc A. Sockol	40,823
Vidya R. Bhakar	42,323
Cameron K. Kerrigan	44,828
Nathan Lane III	43,738
Aaron Wininger	45,229
Paul J. Meyer	47,791
Charles E. Runyan	43,066
Zhaoyang Li	46,872
Brian S. Boyer	52,643
Mark Lupkowski	49,010

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number

OR

☒ The address associated with Customer Number:

30256

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		ZIP
Country				
Telephone		Fax		

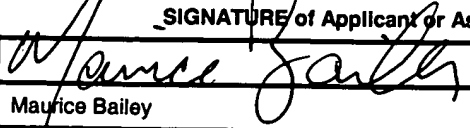
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	4-15-2005
Name	Maurice Bailey	Telephone	650-404-8100 x5031
Title and Company	PRESIDENT & CEO.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Maurice Bailey
Title	Advanced Travel Management System
Art Unit	
Examiner Name	
Attorney Docket Number	00351.00003

I hereby revoke all previous powers of attorney given in the above-identified application.**I hereby appoint:**☐ Practitioners associated with the Customer Number:**OR**☒ Practitioner(s) named below:

Name	Registration Number
Marc A. Sockol	40,823
Vidya R. Bhakar	42,323
Cameron K. Kerrigan	44,828
Nathan Lane III	43,738
Aaron Wininger	45,229
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Charles E. Runyan	43,066
Zhaoyang Li	46,872
Brian S. Boyer	52,643
Mark Lupkowski	49,010

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number**OR**☒ The address associated with Customer Number: 30256**OR**

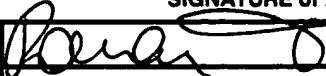
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	9/18/2005
Name	Roman Smolgovsky	Telephone	650-302-8062
Title and Company	VP, Chief System Architect, F-Cyte Comm		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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